

HUMAN CARDIOVASCULAR ADAPTATION TO WEIGHTLESSNESS

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Entering weightlessness (0 G) induces immediately a shift of blood and fluid from the lower to the upper parts of the body inducing expansion of the cardiac chambers (Bungo et al. 1986; Charles & Lathers 1991; Videbaek & Norsk 1997). For many years the effects of sudden 0 G on central venous pressure (CVP) was discussed, and it puzzled researchers that CVP compared to the 1-G supine position decreased during the initial hours of spaceflight, when at the same time left atrial diameter increased (Buckey et al. 1996). By measuring esophageal pressure as an estimate of inter-pleural pressure, it was later shown that this pressure decreases more than CVP does during 0 G induced by parabolic flights (Videbaek & Norsk 1997). Thus, transmural CVP is increased, which distends the cardiac chambers. This unique lung-heart interaction whereby 1) inter-pleural pressure decreases and 2) central blood volume is expanded is unique for 0 G. Because transmural CVP is increased, stroke volume increases according to the law of Frank-Starling leading to an increase in cardiac output, which is maintained increased during months of 0 G in space to levels of some 25 % above that of the 1-G seated position (Norsk unpublished). Simultaneously, sympathetic nervous activity is at the level of the upright 1-G posture, which is difficult to explain based on the high stroke volume and decreased blood pressure and systemic vascular resistance. This paradox should be explored and the mechanisms revealed, because it might have implications for estimating the cardiovascular risk of travelling in space.

Buckey, J. C. et al. Central venous pressure in space. *J. Appl. Physiol.* 81:19-25 (1996).

Bungo, M. W., et al. Echocardiographic investigation of the hemodynamics of weightlessness. *J. Amer. Coll. Cardiol.* 7(2): 192A (1986).

Charles, J. B. & Lathers C. M. Cardiovascular adaptation to spaceflight. *J. Clin. Pharmacol.* 31:1010-1023 (1991).

Videbaek, R. & Norsk, P. Atrial distension in humans during microgravity induced by parabolic flights. *J. Appl. Physiol.* 83:1862-66 (1997).

Norsk, P. & Christensen N. J. The paradox of systemic vasodilatation and sympathetic nervous stimulation in space. *Resp. Physiol. Neurobiol.* 169S: S26-S29 (2009).

Human Cardiovascular Adaptation to Weightlessness

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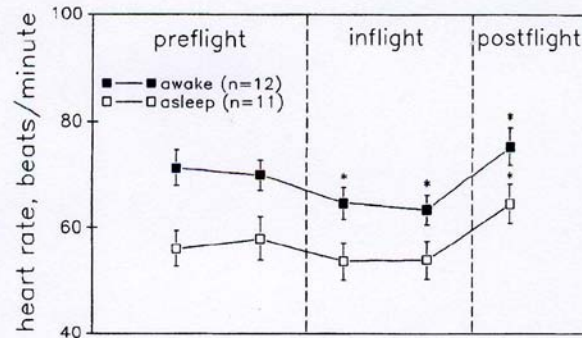
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Background

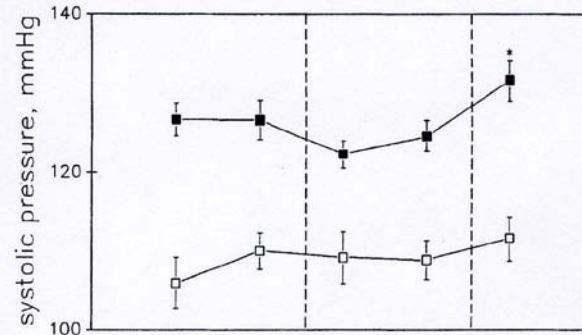
Short-term spaceflight (< 2 weeks):

Variable	Method	Effect (0 G/upright)	References
Blood pressure (BP)	24-h Brachial (Oscillometry)	↓ (Only DAP)	Meck et al. (J. Appl. Physiol. 1996)
	Brachial (Auscultatory/ oscillometry)	↓	Shykoff et al. (J. Appl. Physiol. 1996)
	Finger (infrared photoplethysmography)	→	Norsk et al. (Hypertension 2006)
Cardiac output (CO)	Rebreathing (Acetylene)	↑→	Prisk et al. (J. Appl. Physiol. 1993)
	Rebreathing (N ₂ O)	↑	Norsk et al. (Hypertension 2006)
	Rebreathing (CO ₂)	↑	Shykoff et al. (J. Appl. Physiol. 1996)
Systemic vascular resistance	MAP/CO	↓	Shykoff et al. (J. Appl. Physiol. 1996)
	MAP/CO	↓	Norsk et al. (Hypertension 2006)

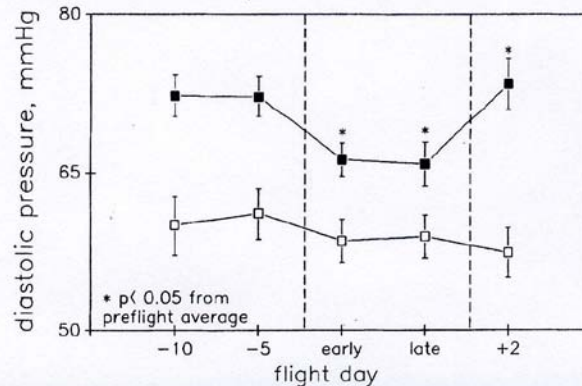
Heart rate



Systolic



Diastolic



Pre- In- Postflight

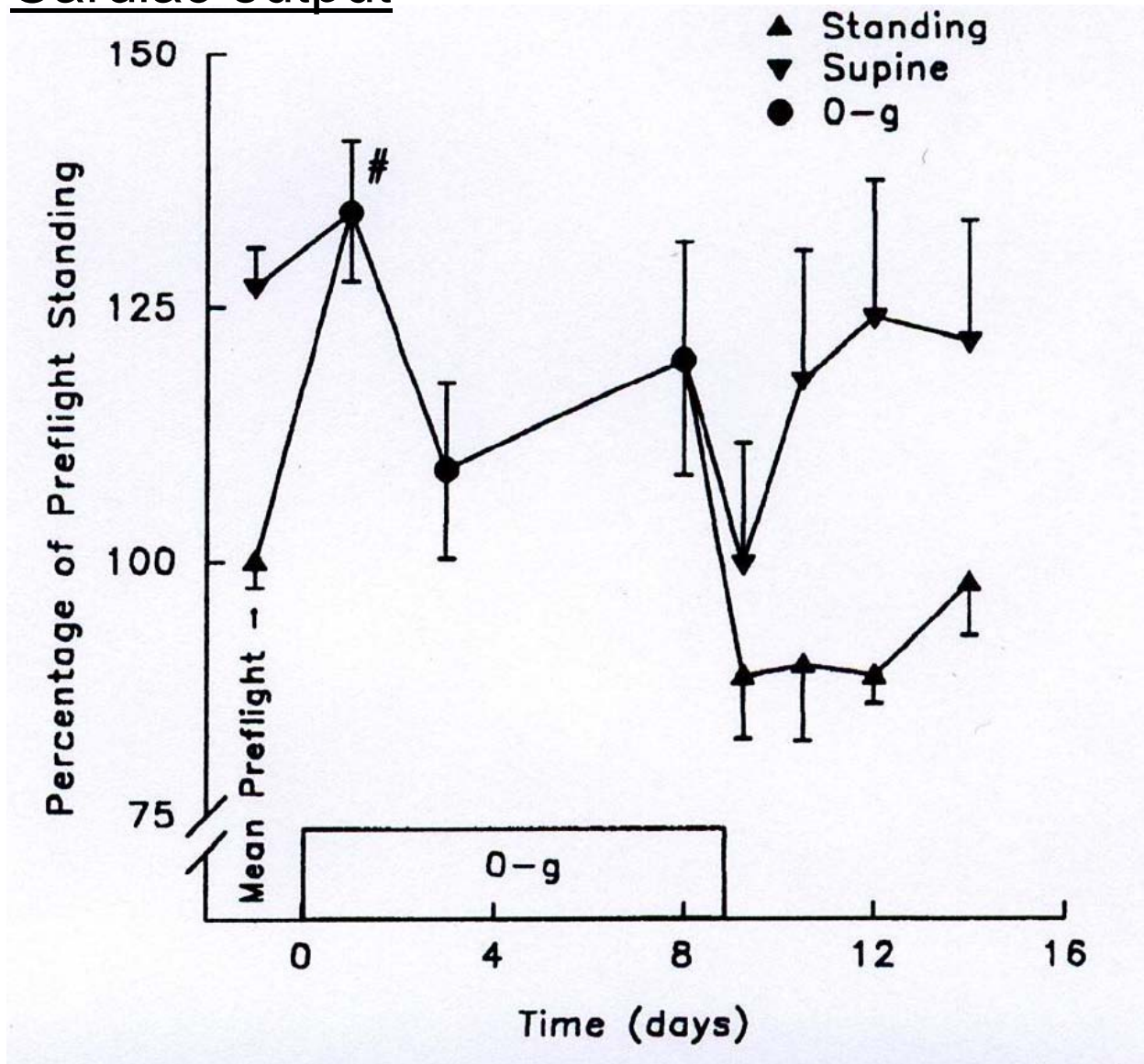
*Fritsch-Yelle et al.
J. Appl. Physiol.
80:919-914, 1996.*

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Cardiac output

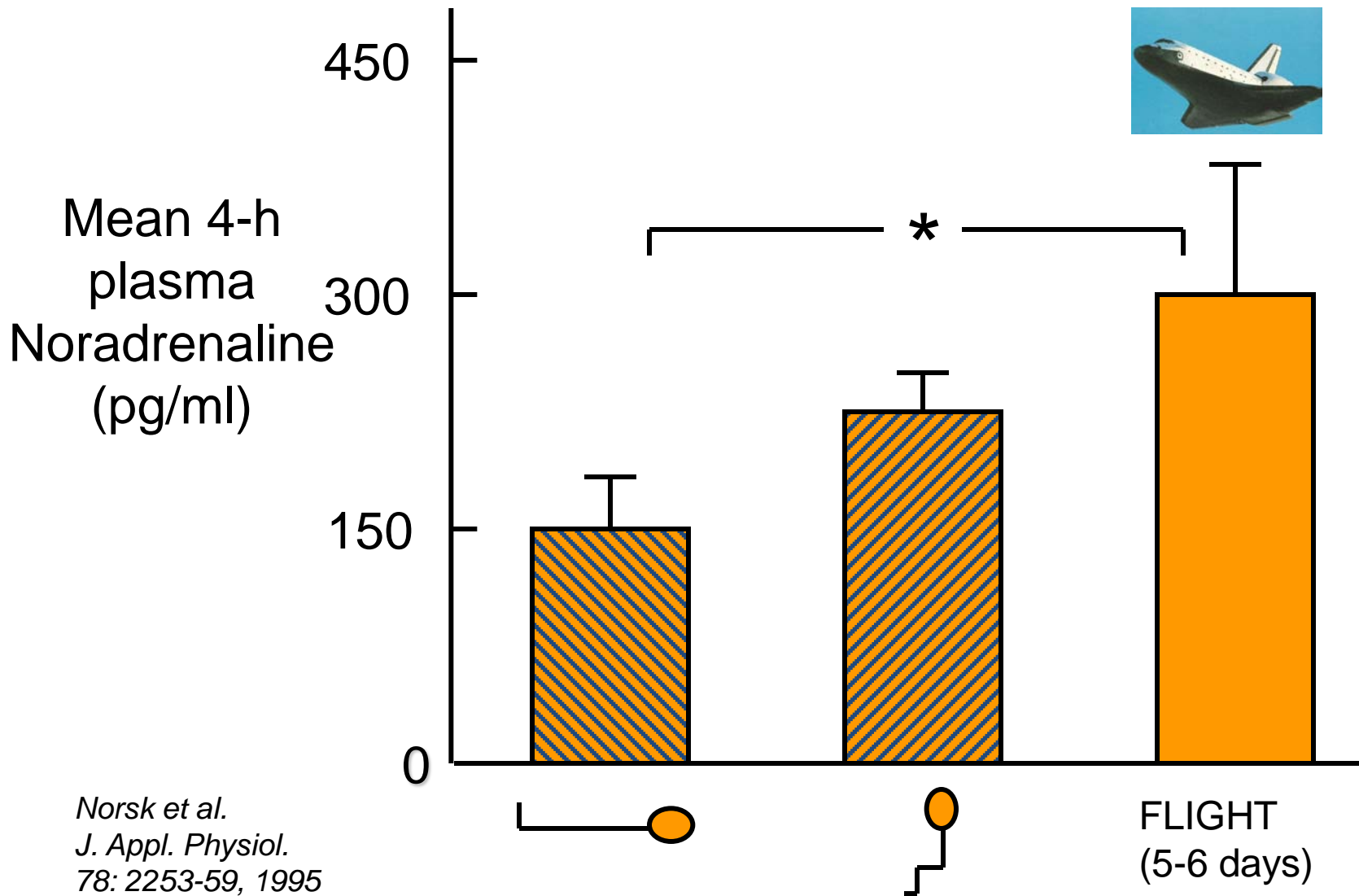


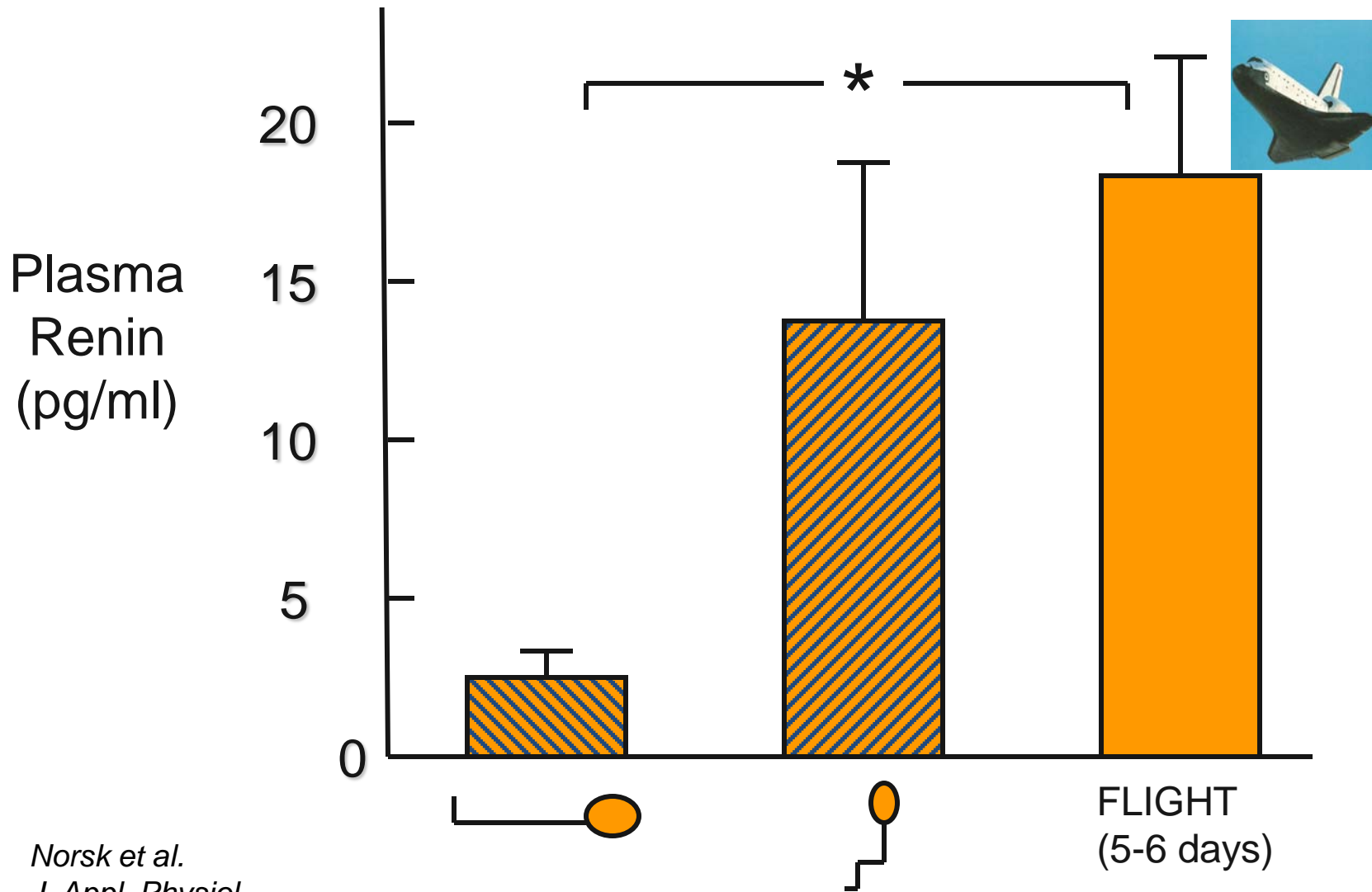
*Prisk et al.
J. Appl. Physiol.
75:15-26, 1993.*

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	MAP/CO	↓	Norsk et al. (Hypertension 2006)





Norsk et al.
J. Appl. Physiol.
78: 2253-59, 1995

Background (2):

Long-term spaceflight (> 3 months):

Variable	Method	Effect (0 G/upright)	References
Blood pressure (BP)	Brachial or finger ? (Oscillometry/ photoplethysmography?)	↓ (Only DAP)	Baevsky et al. (J. Appl. Physiol. 2007)

Background (2):

Long-term spaceflight (> 3 months):

Variable	Method	Effect (0 G/semi-upright)	References
Blood pressure (BP)	Brachial or finger ? (Oscillometry/ photoplethysmography?)	↓ (Only DAP)	Baevsky et al. (J. Appl. Physiol. 2007)

Purpose

To investigate how 24-h ambulatory blood pressure and the cardiovascular system adapt to long-term (3-6 months) space flight and thus, how the daily load of gravity here on Earth affects our ambulatory blood pressure.

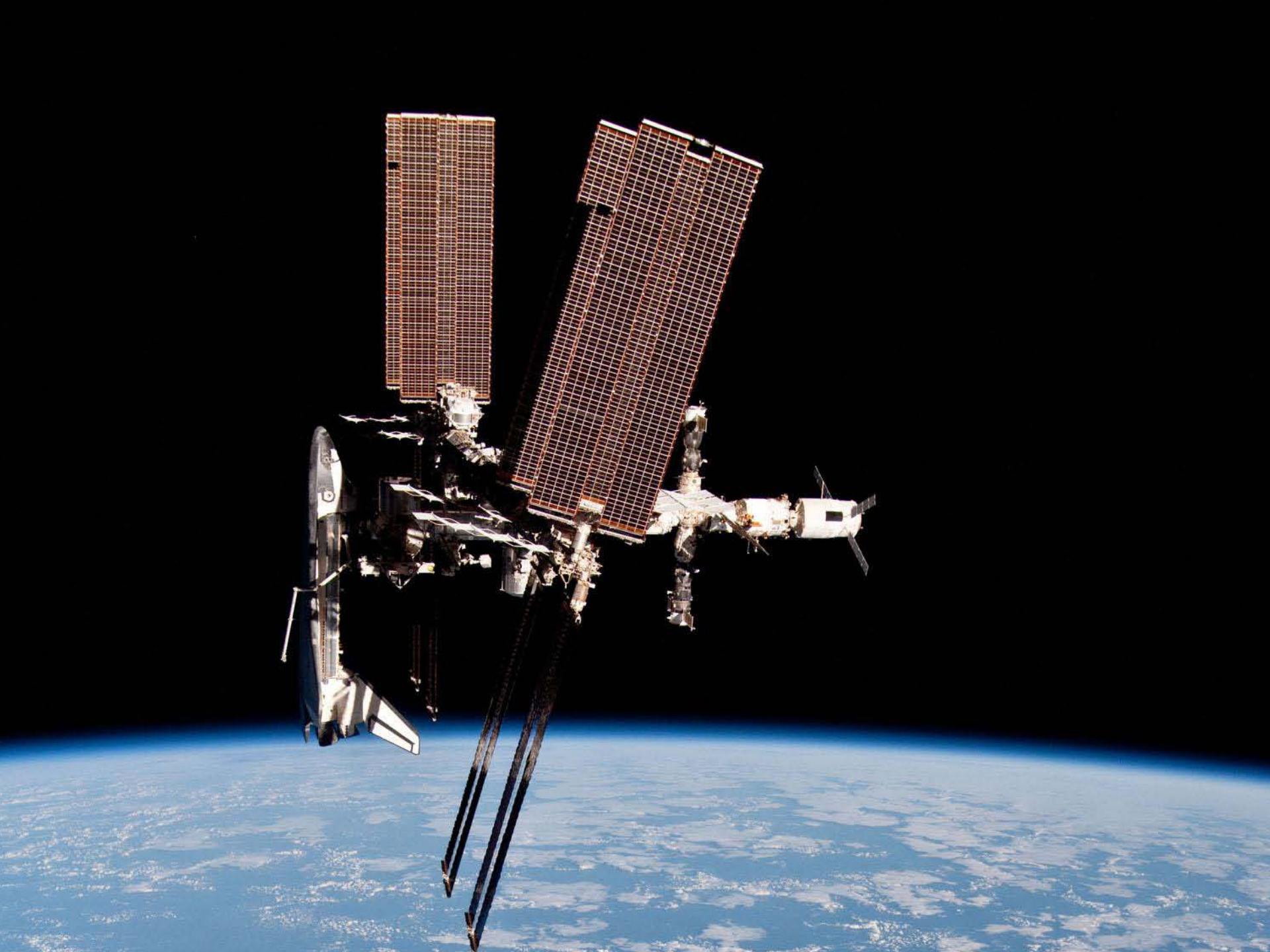
Hypothesis

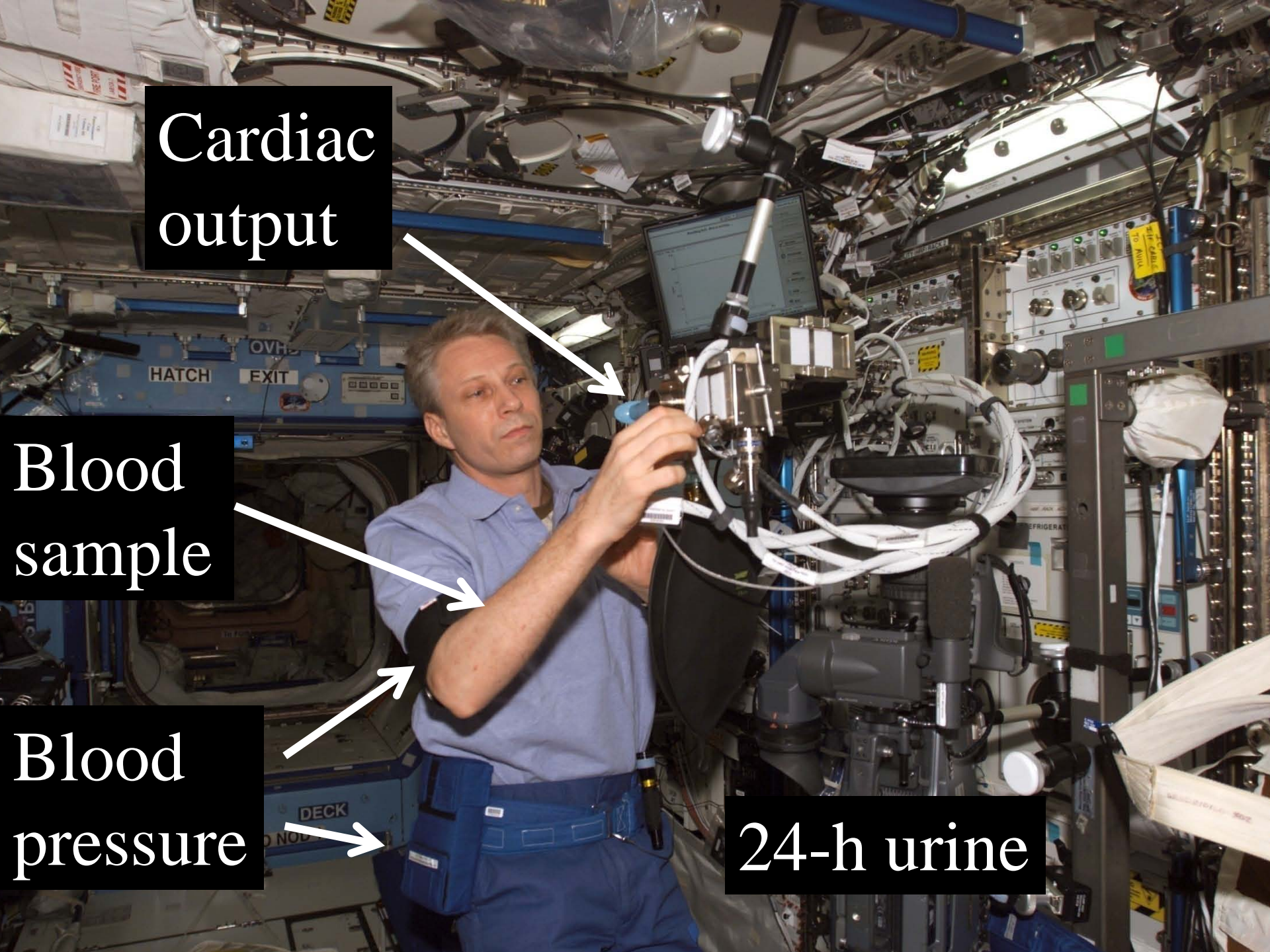
Despite an increase in cardiac output (CO), 24-h ambulatory brachial blood pressure (BP) is unchanged or decreased by chronic systemic arterial vasodilatation during long-term (months) space flight.



ISS026E012919

Paoli Nespoli
European Space Agency astronaut



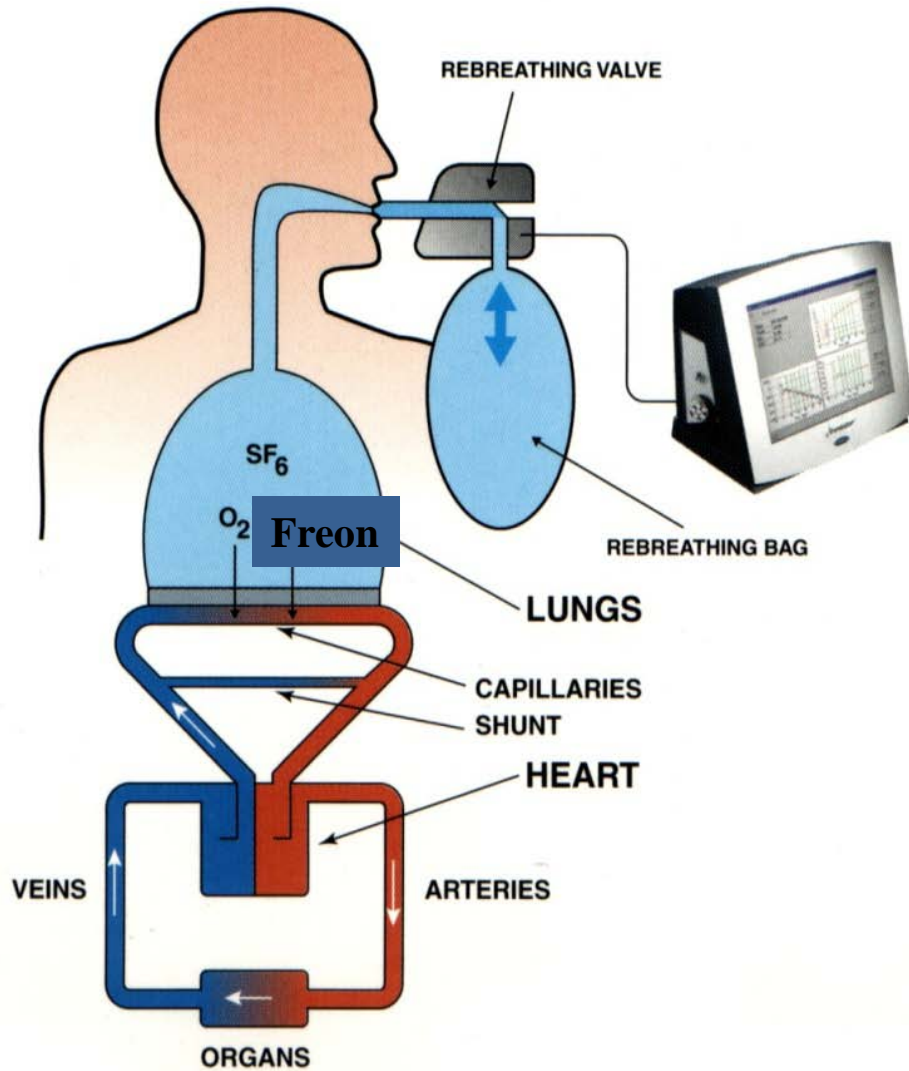


Cardiac
output

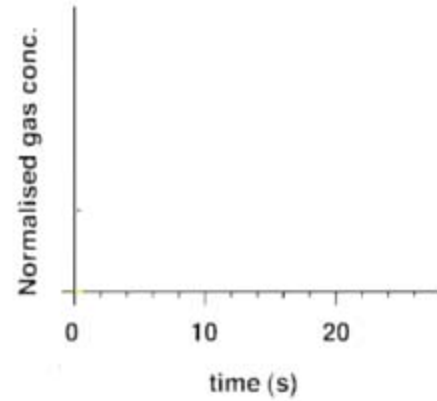
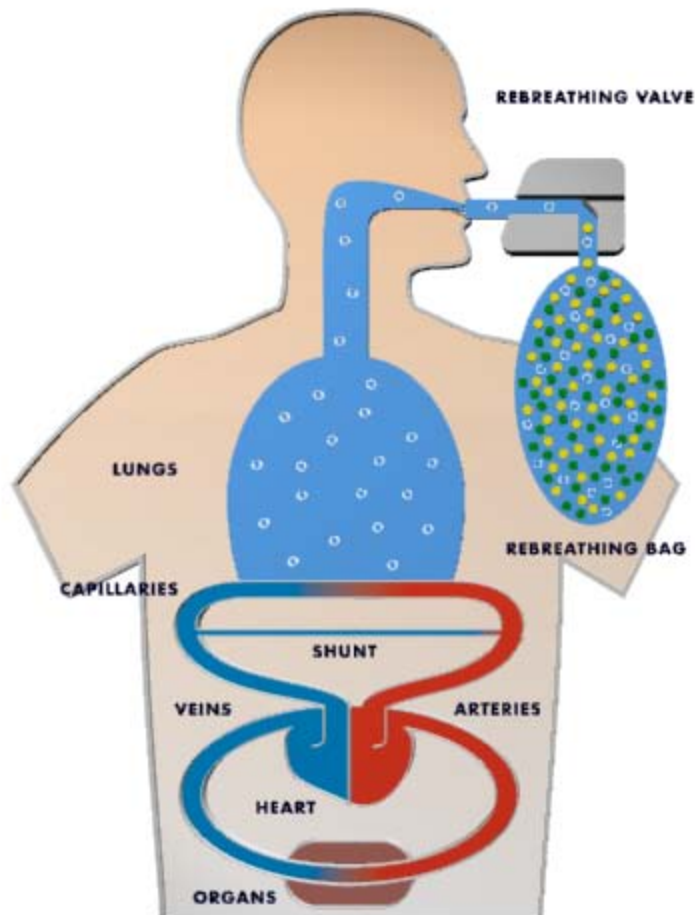
Blood
sample

Blood
pressure

24-h urine

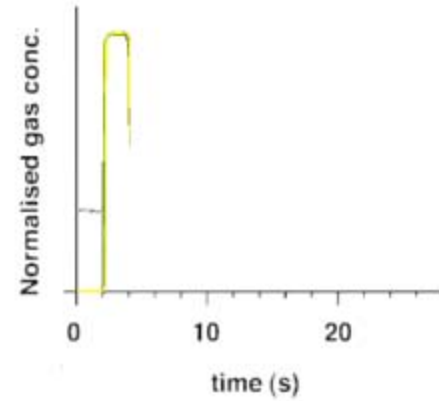
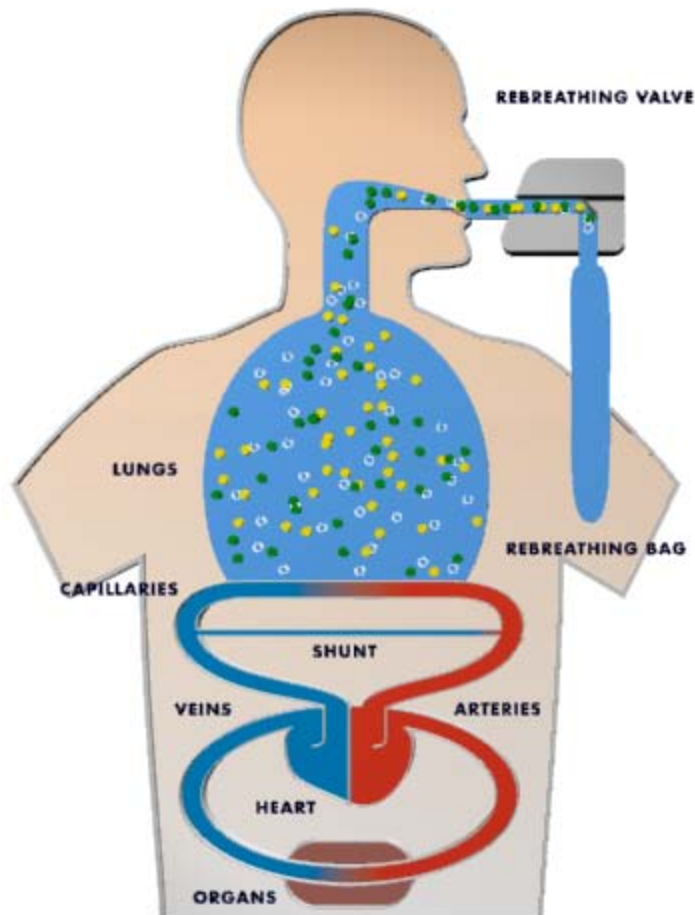


Cardiac output
by
rebreathing



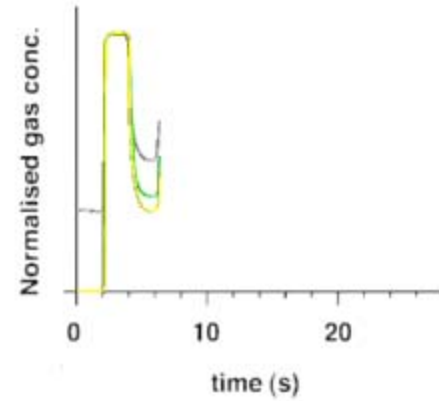
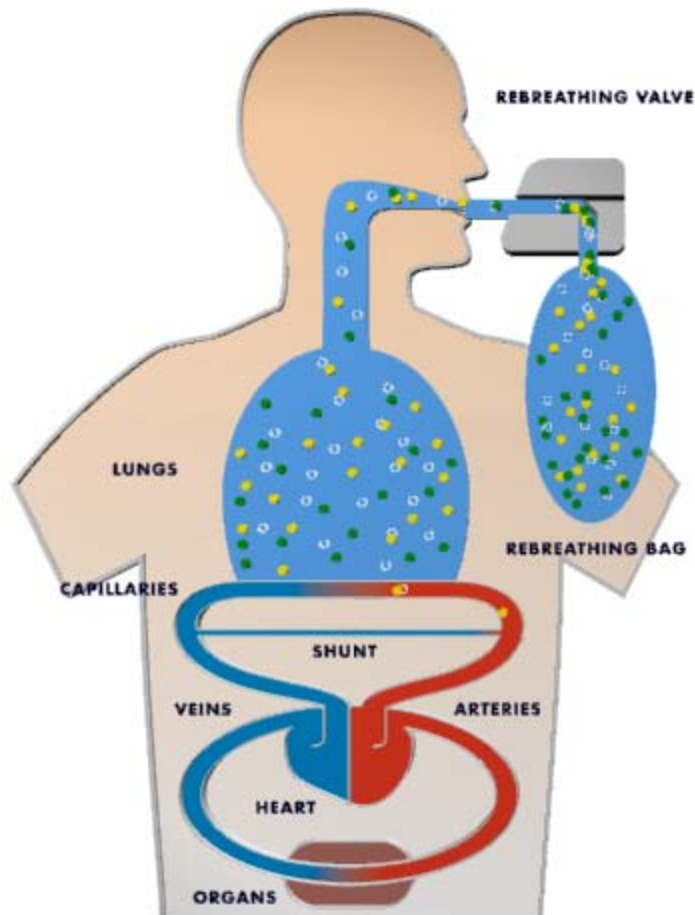
- Blood soluble gas
- Blood insoluble gas
- Oxygen

innocor™



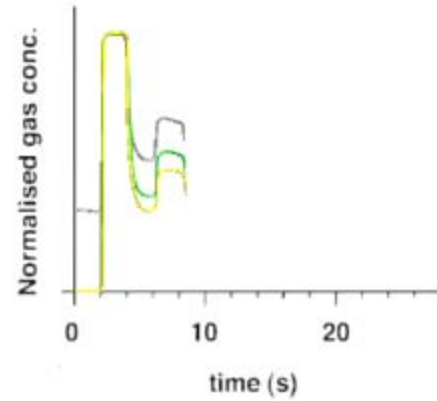
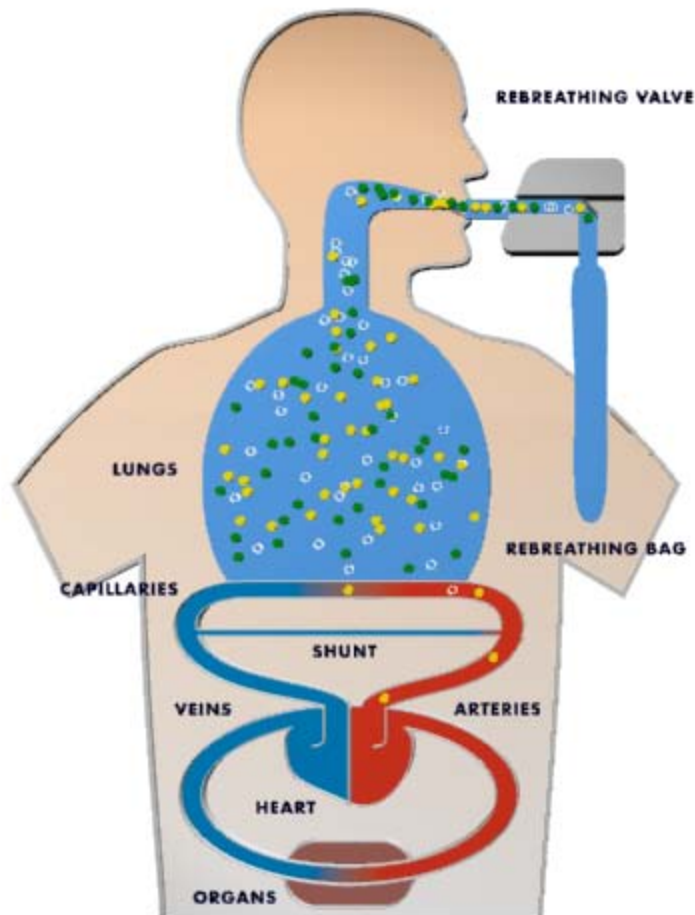
- **Blood soluble gas**
- **Blood insoluble gas**
- **Oxygen**

innocor™



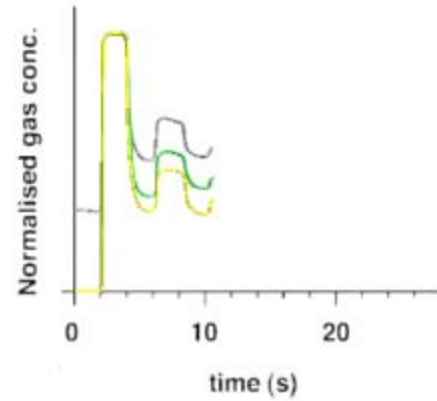
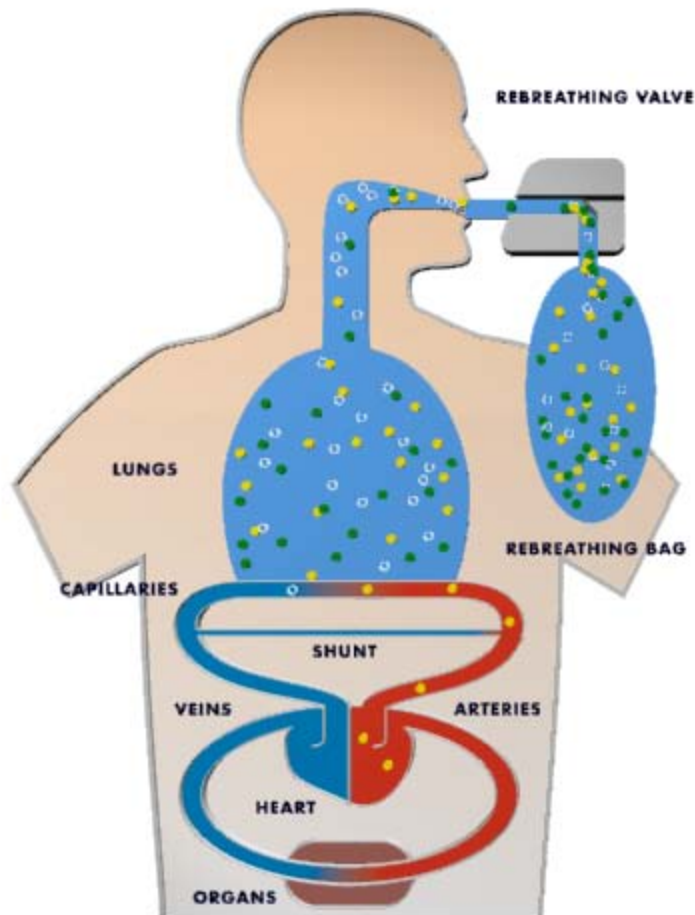
- **Blood soluble gas**
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- **Oxygen**

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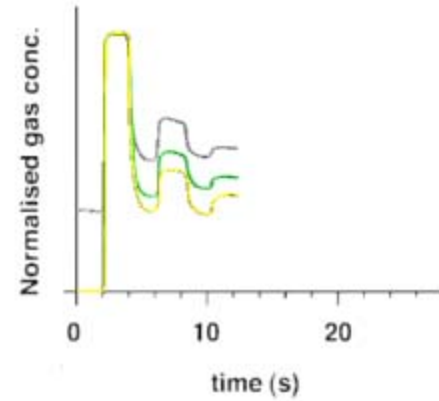
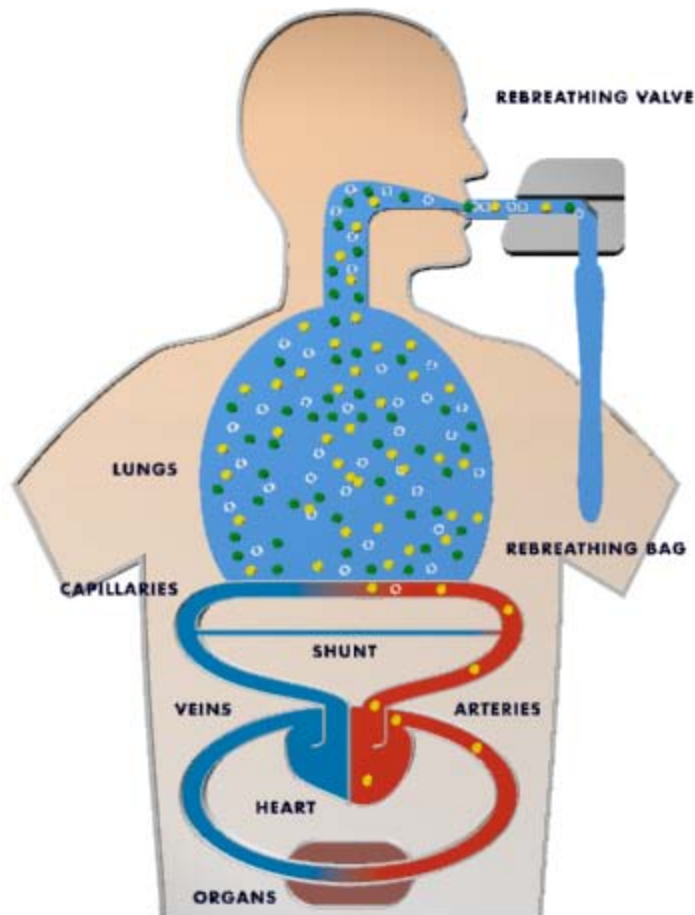
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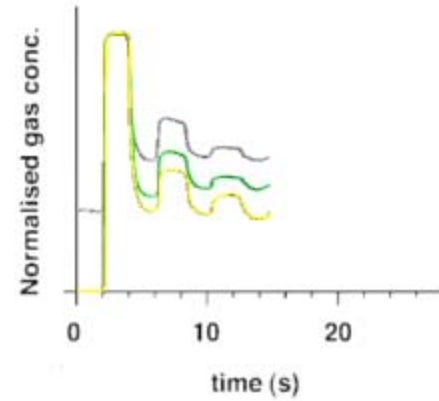
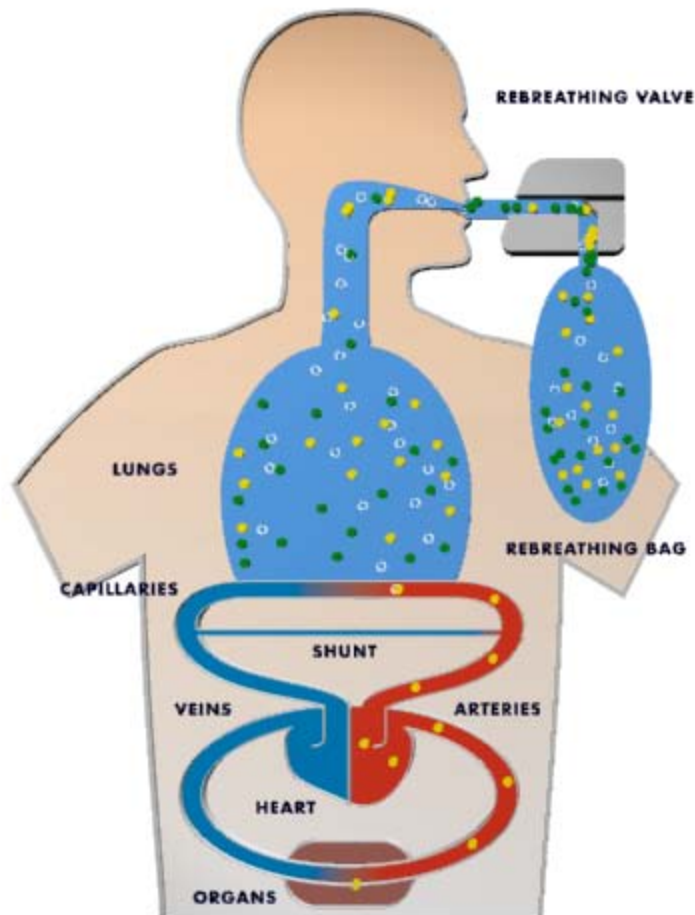
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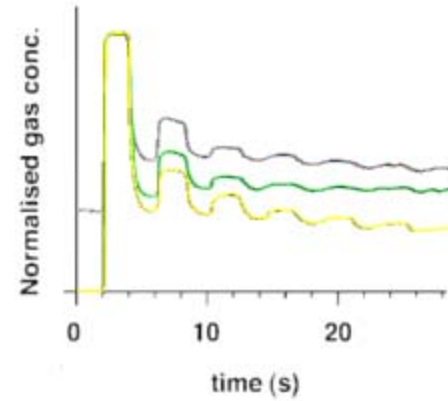
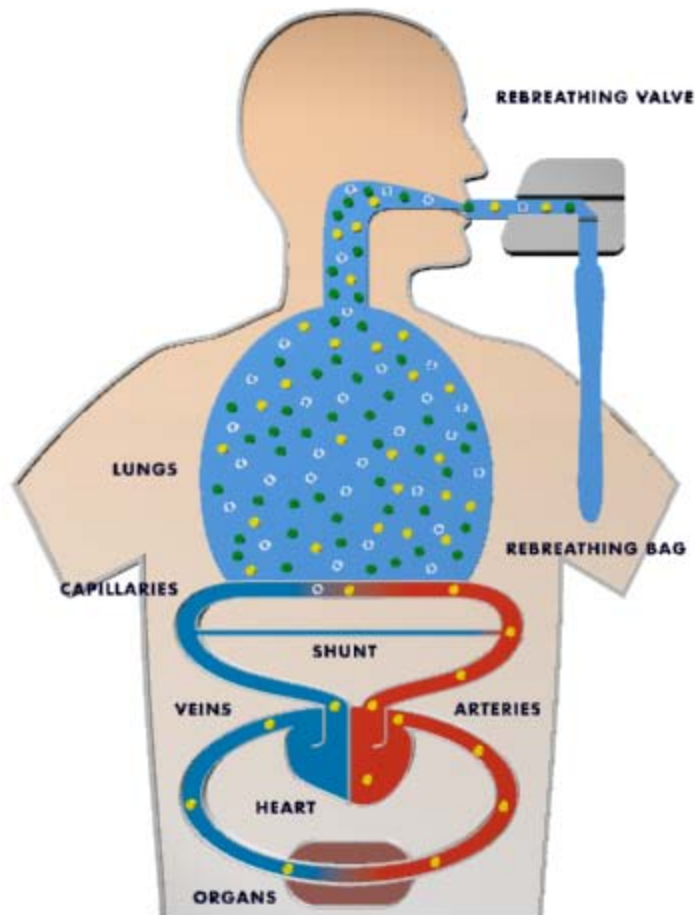
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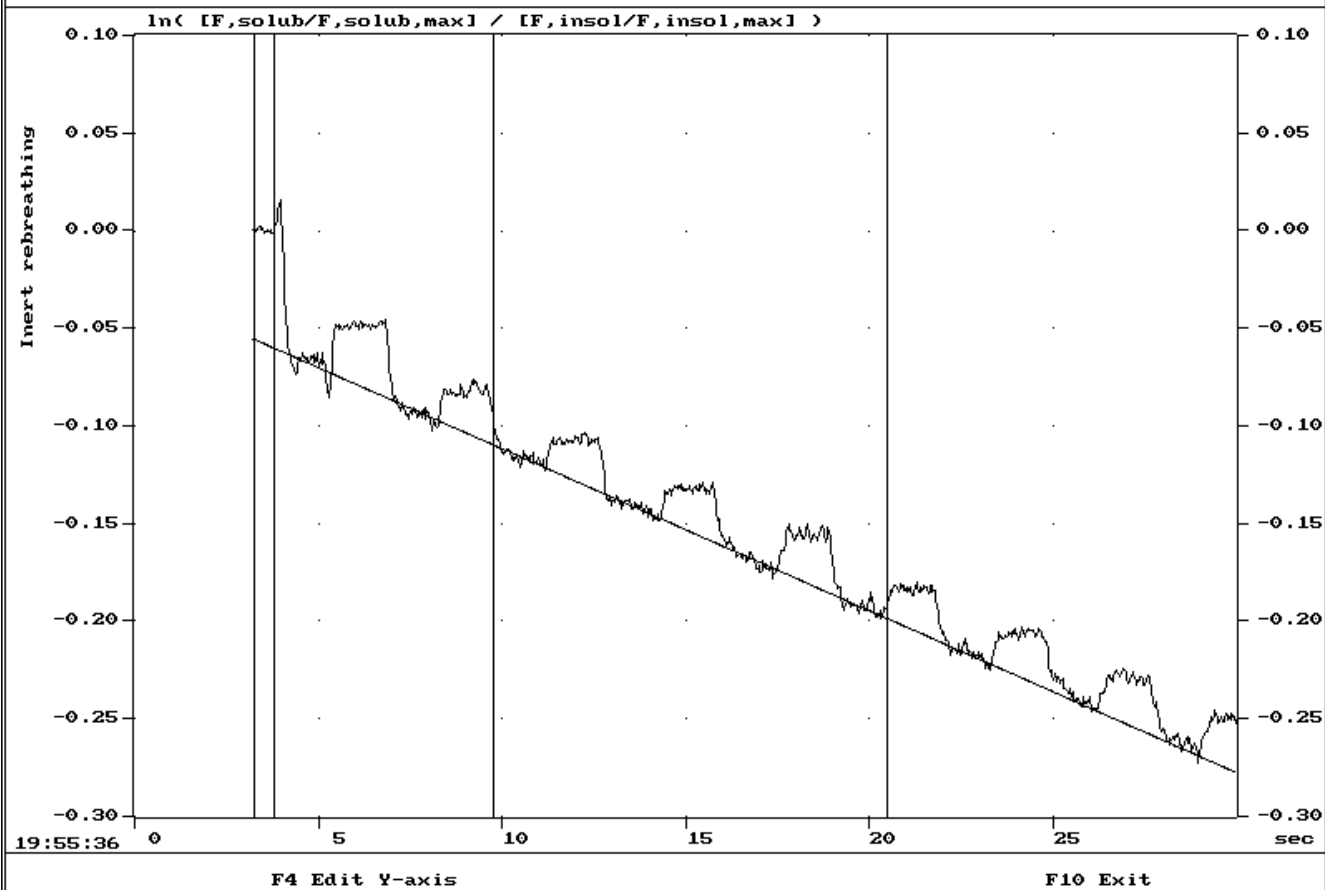
RB50-~36
Test No: 1
11:11
15.01.2002

test3

Slope : -0.50/min
Intercept : -0.06
Insol ΔT : 0.0 ms

Func. Res. Cap. 2.91
Lung Tissue Vol 569
Cardiac Output 5.15
Oxygen Consump. 337

Tmax. 3.78
Tzero 3.27
Tmix. 9.78
Tend 20.49



Experimental protocol

Pre-flight: Launch minus 2 months or more

In-flight: Launch + 3 to 6 months

Post-flight: Landing + 2 months or more.

Time: 12:00 16:00 20:00 24:00 04:00 08:00 12:00
 14:00 18:00 22:00 02:00 06:00 10:00

Blood pressure: X
(Ambulatory)

Cardiac output: (Seated)	X	X	X		X	X
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Blood sampling: X
(Seated)

Urine collection: >-----<
(ambulatory)

X: Execution.

Experimental protocol

Pre-flight:	Launch minus 2 months or more
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Blood pressure: X X X X X X X X X X X X X X X X X X X
(Ambulatory)

Cardiac output: X X X X X
(Seated)

Blood sampling: X
(Seated)

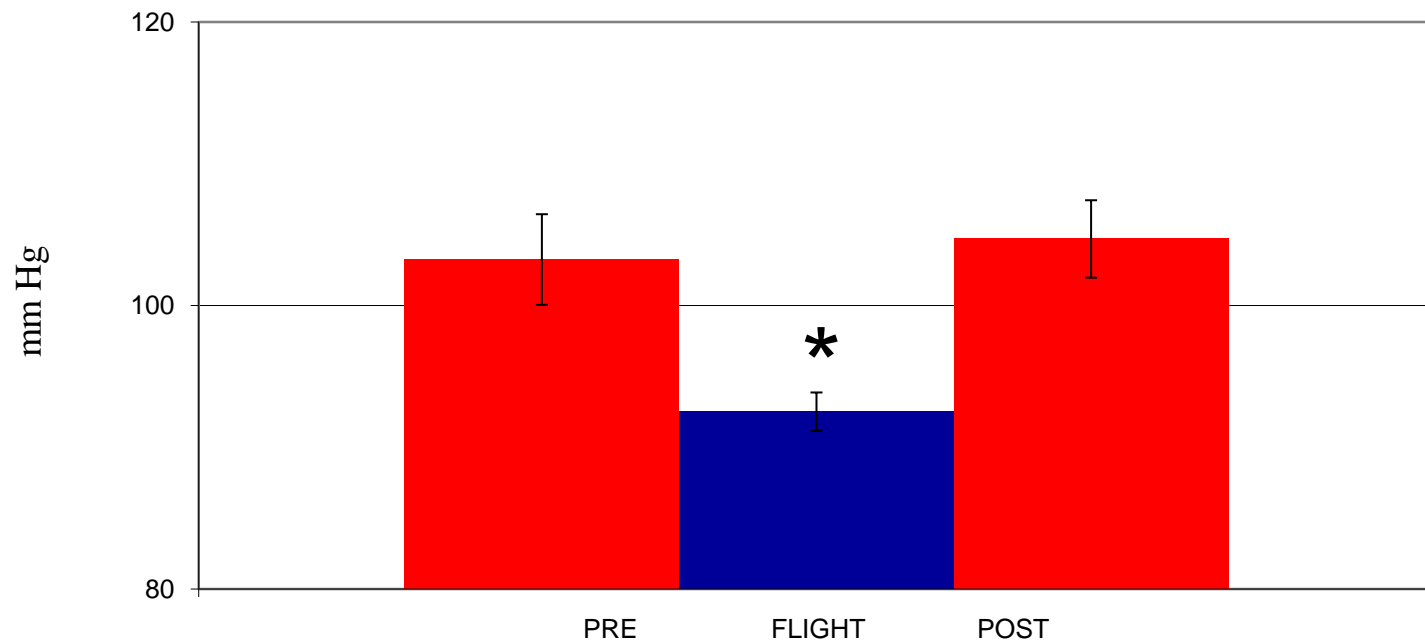
Urine collection: >-----<
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X: Execution

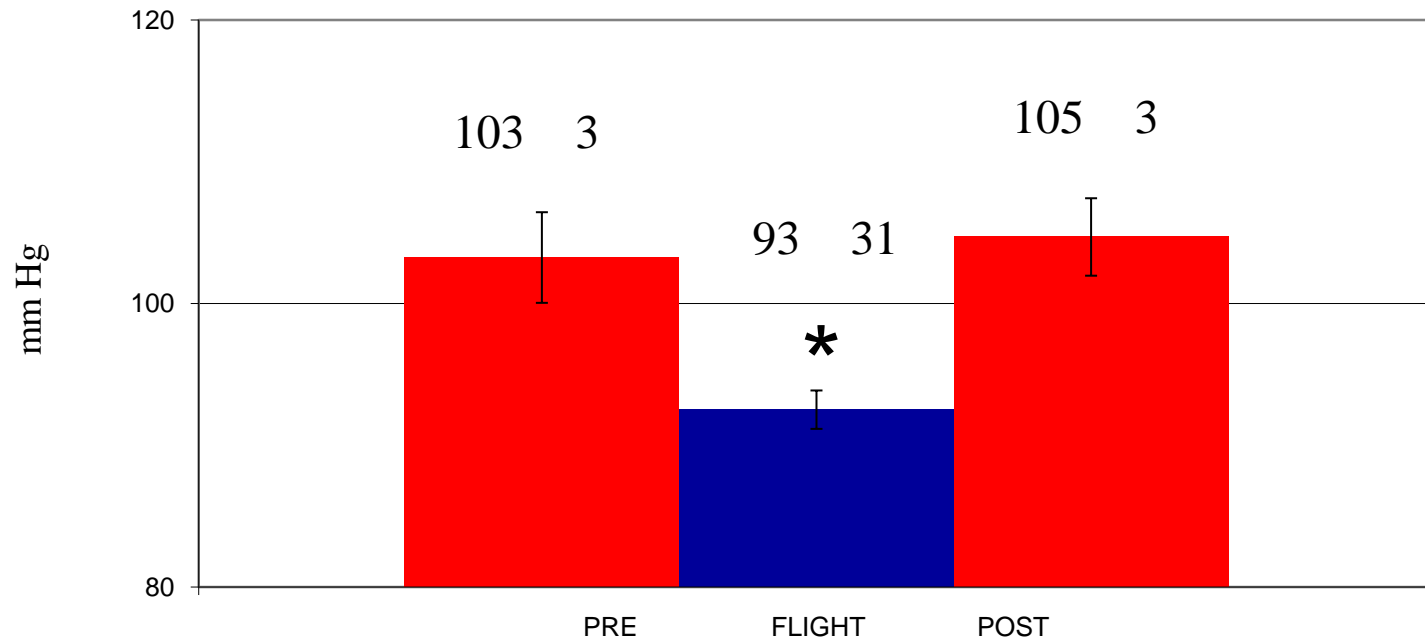
Results

(N = 6 males)

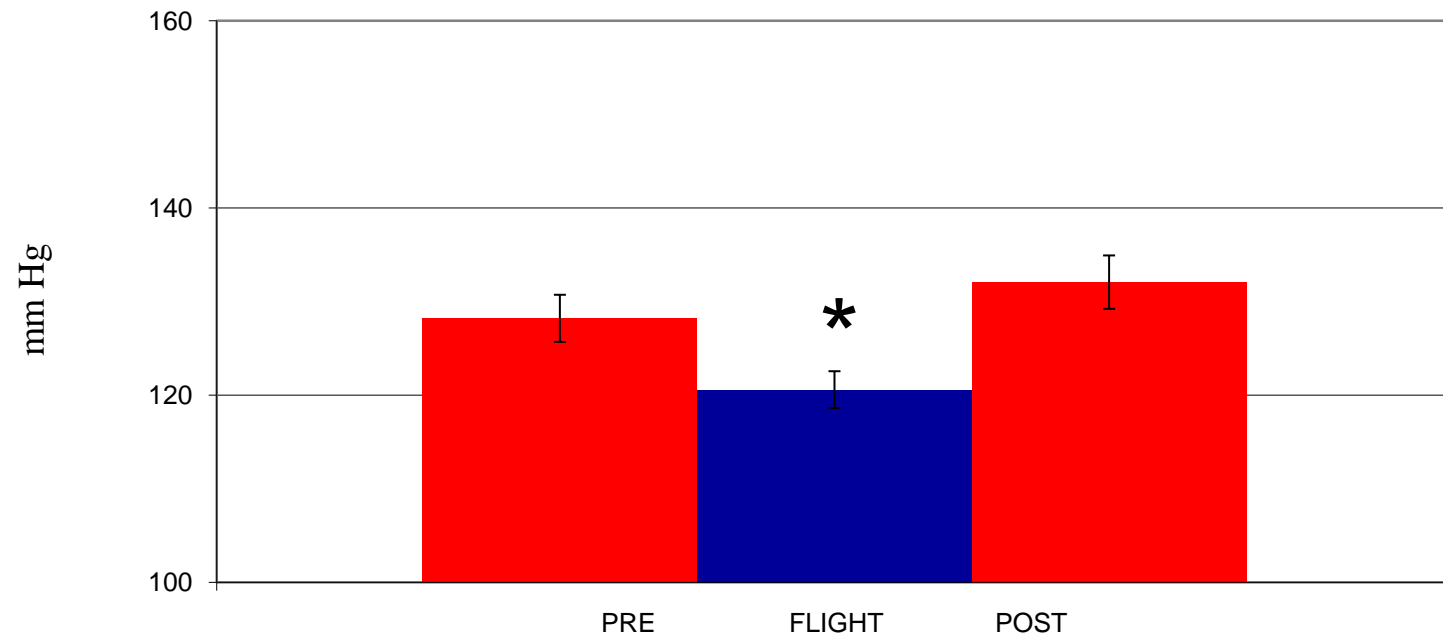
24-h mean arterial pressure



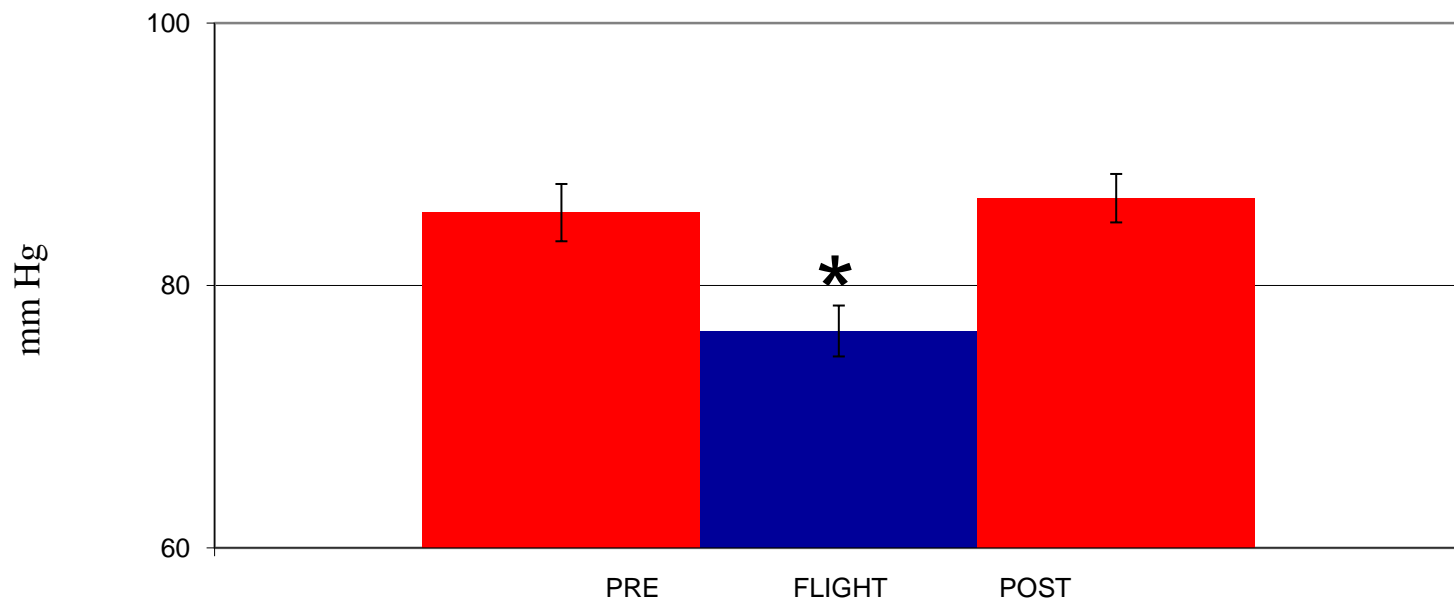
24-h mean arterial pressure



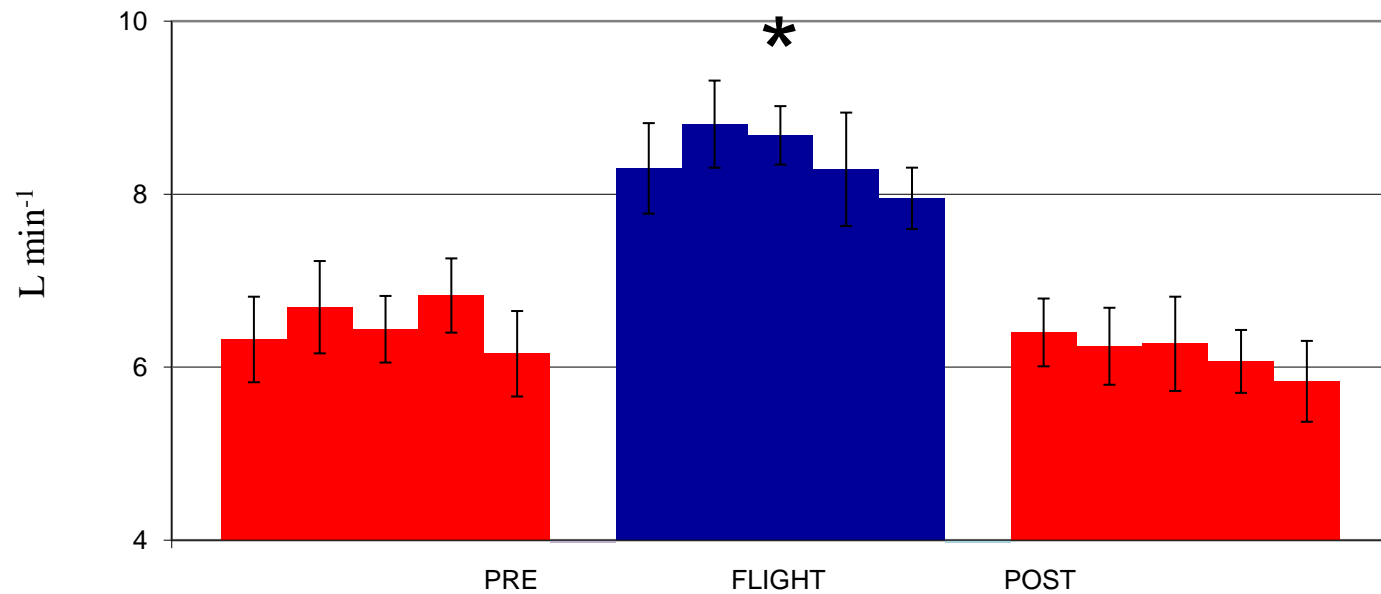
24-h systolic arterial pressure



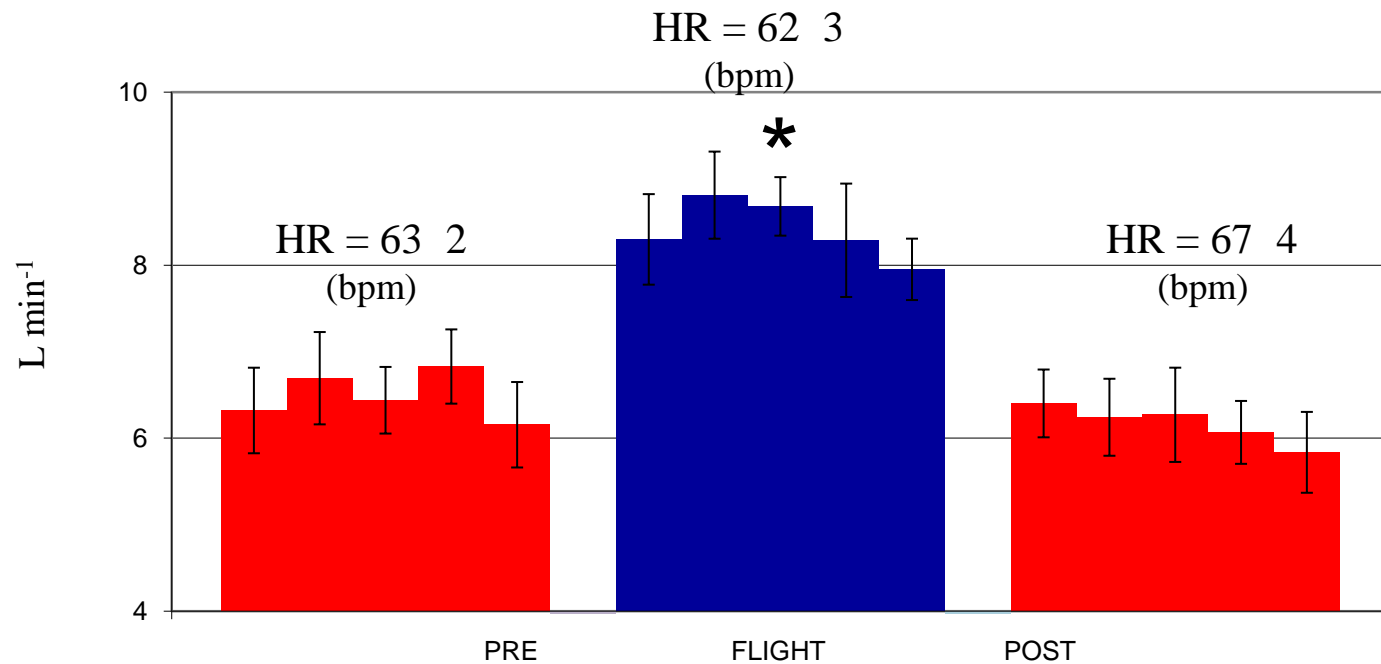
24-h diastolic arterial pressure



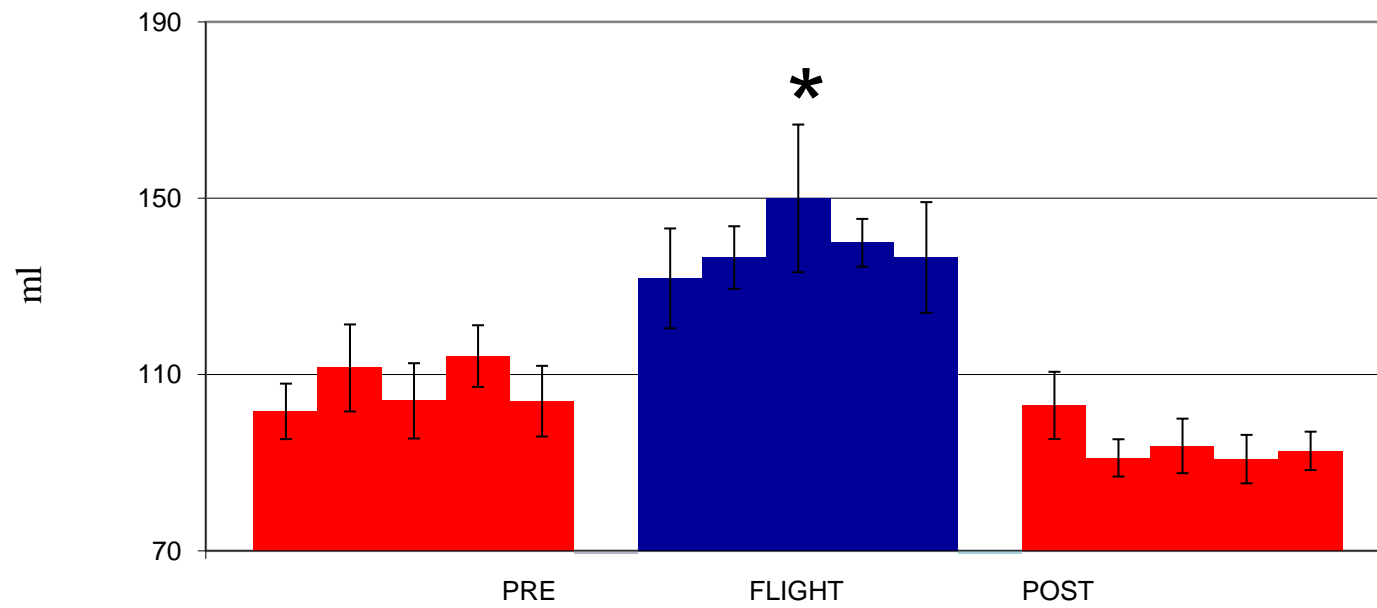
Cardiac output



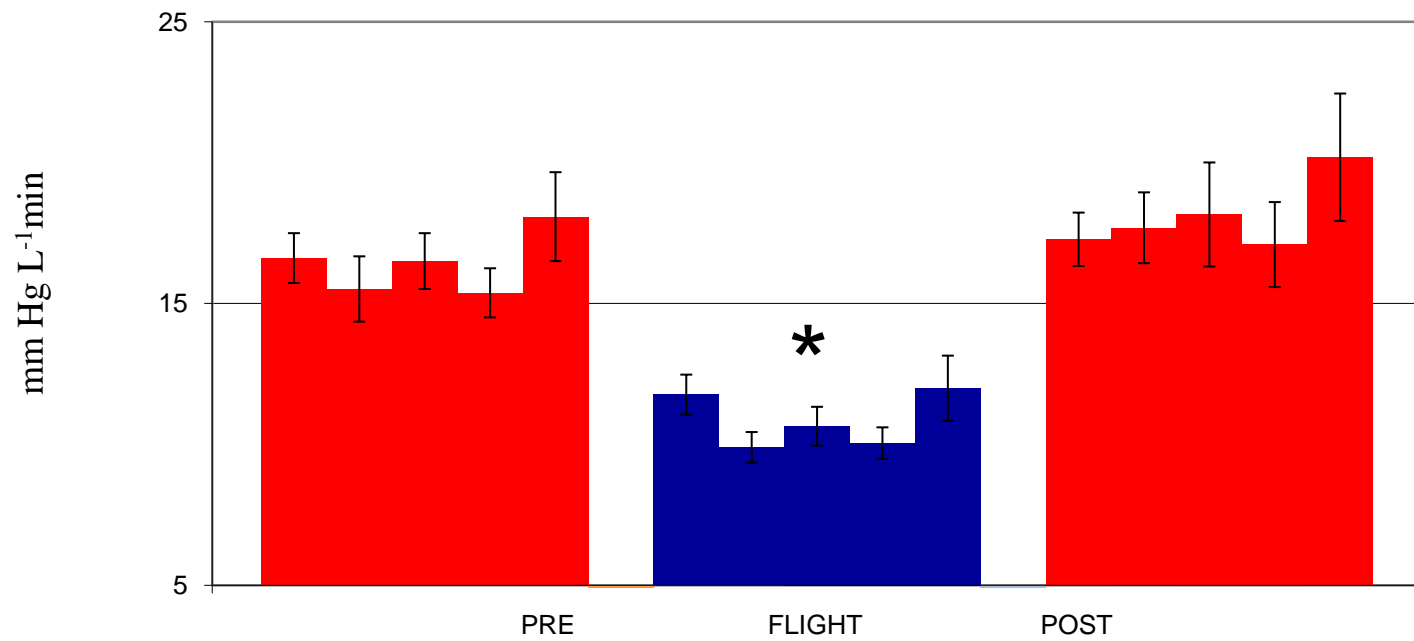
Cardiac output



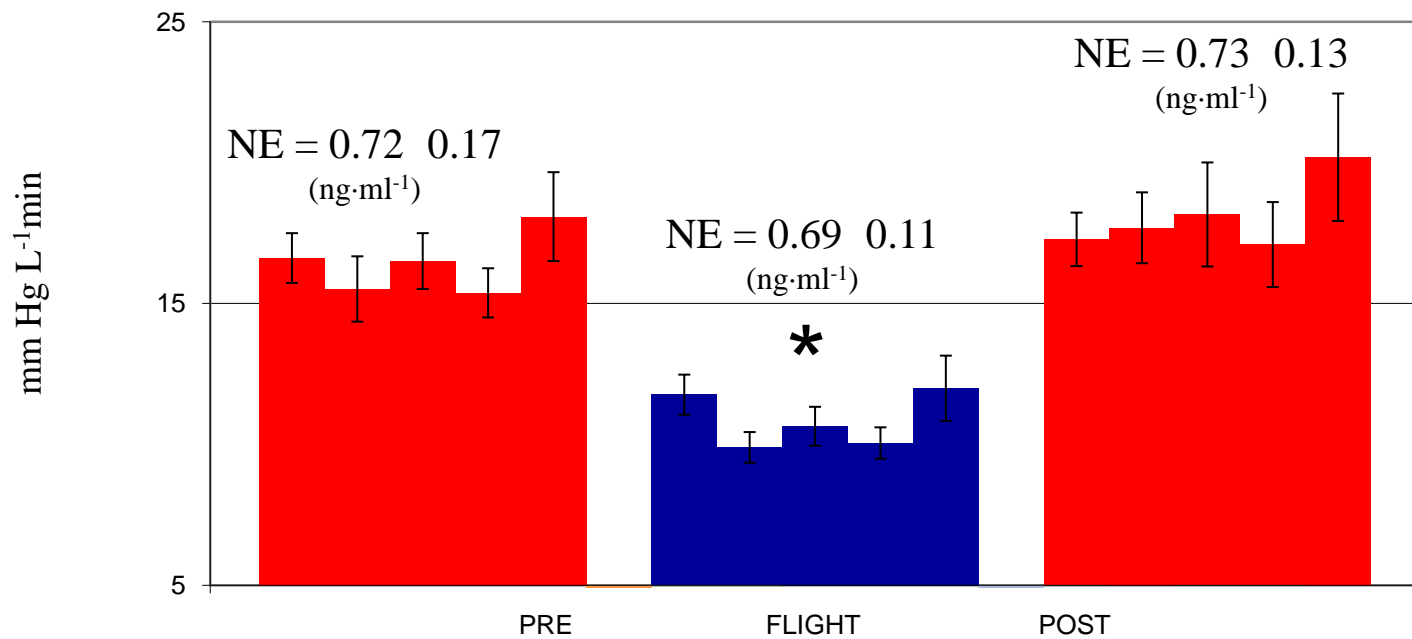
Stroke volume



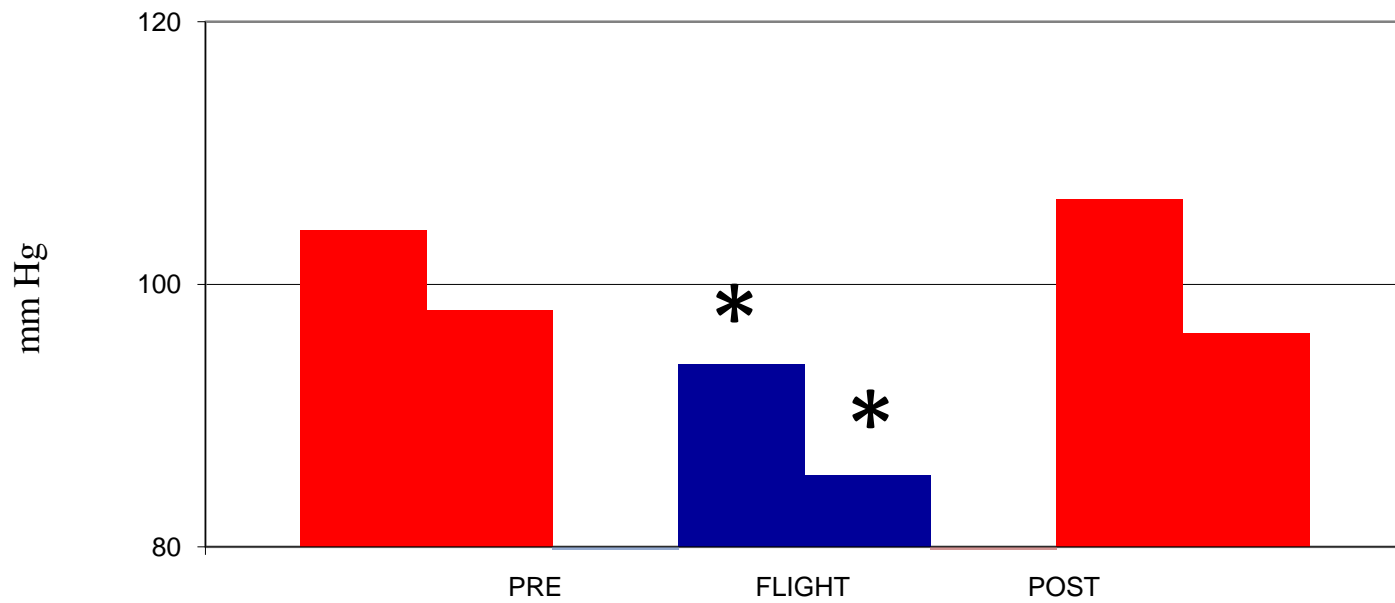
Systemic vascular resistance



Systemic vascular resistance



Day MAP vs. night MAP



Conclusions:

Months of space flight on the ISS:

- 24-h ambulatory BP ↓
- SV and thus CO ↑
- Systemic vascular resistance ↓
- SNA →
- Night dip of BP →

Mechanisms:

Weightlessness?

Chronic pulsatile baroreceptor stimulation by increased central blood volume (increased SV and thus CO).

But what about the high SNA?

Exercise training effect?

But HR and plasma NE unchanged!

High salt intake?

But 24-h renal Na⁺ excretion unchanged!

Other factors (radiation, oxidative stress etc.)?

Mechanisms:

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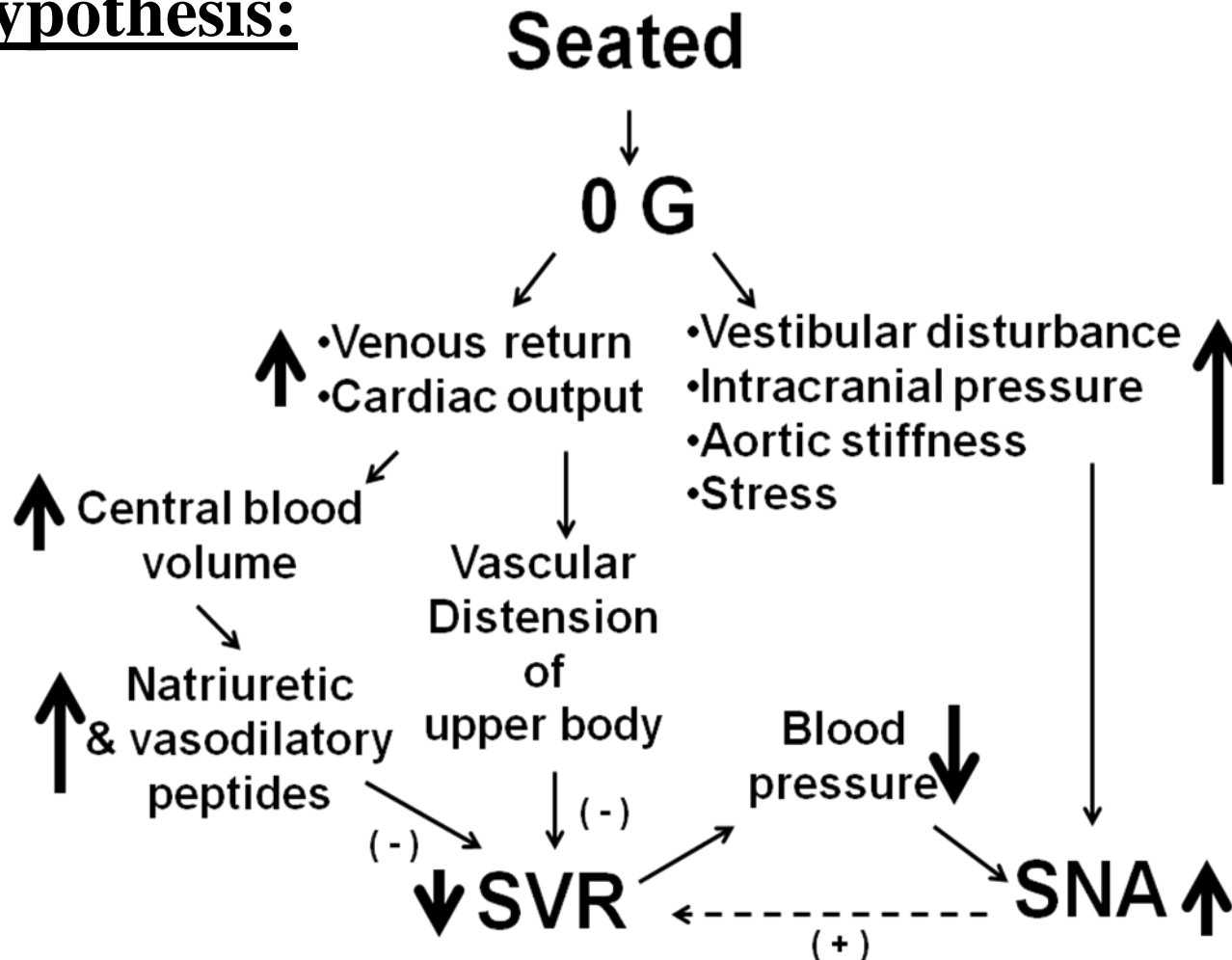
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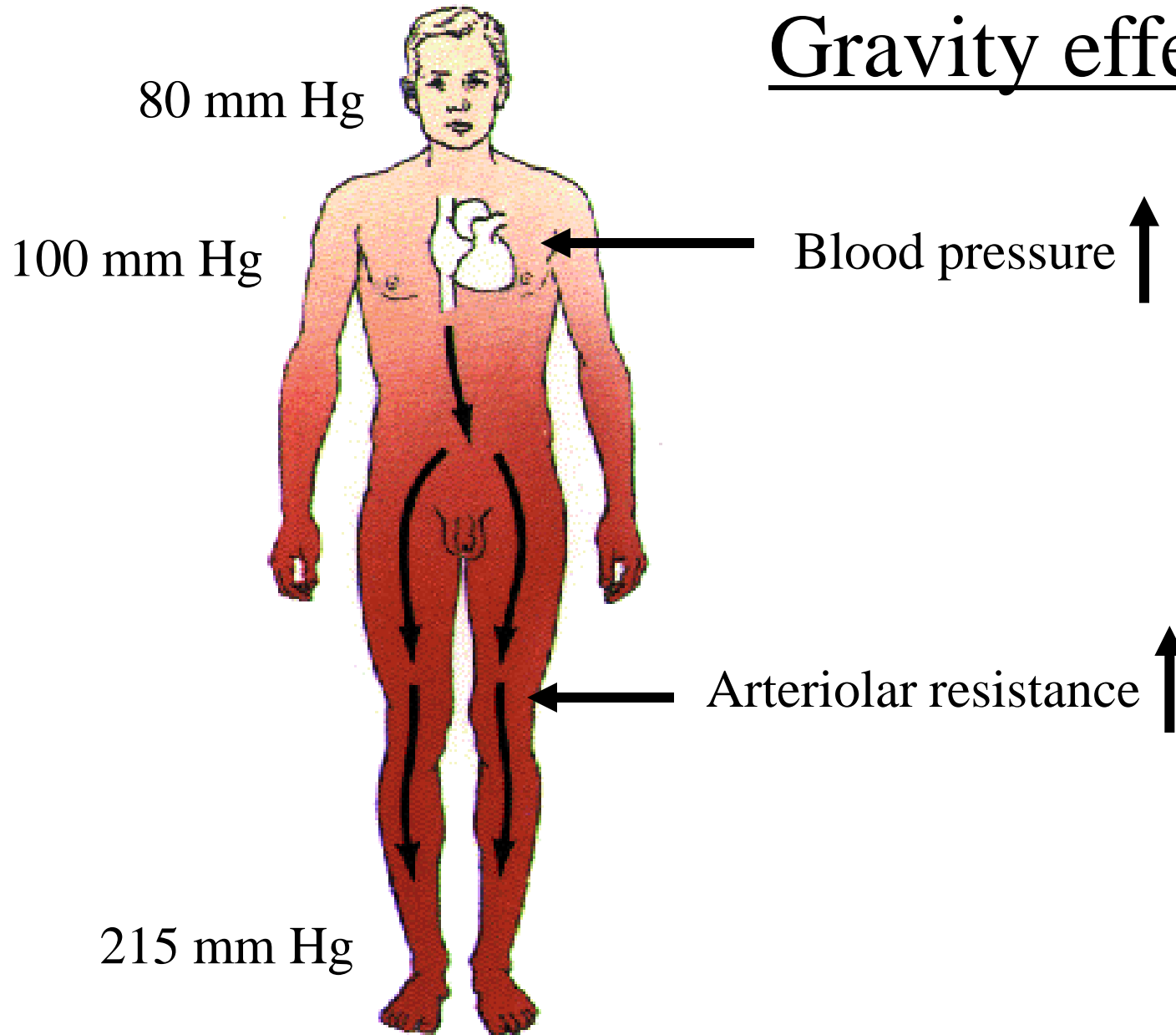
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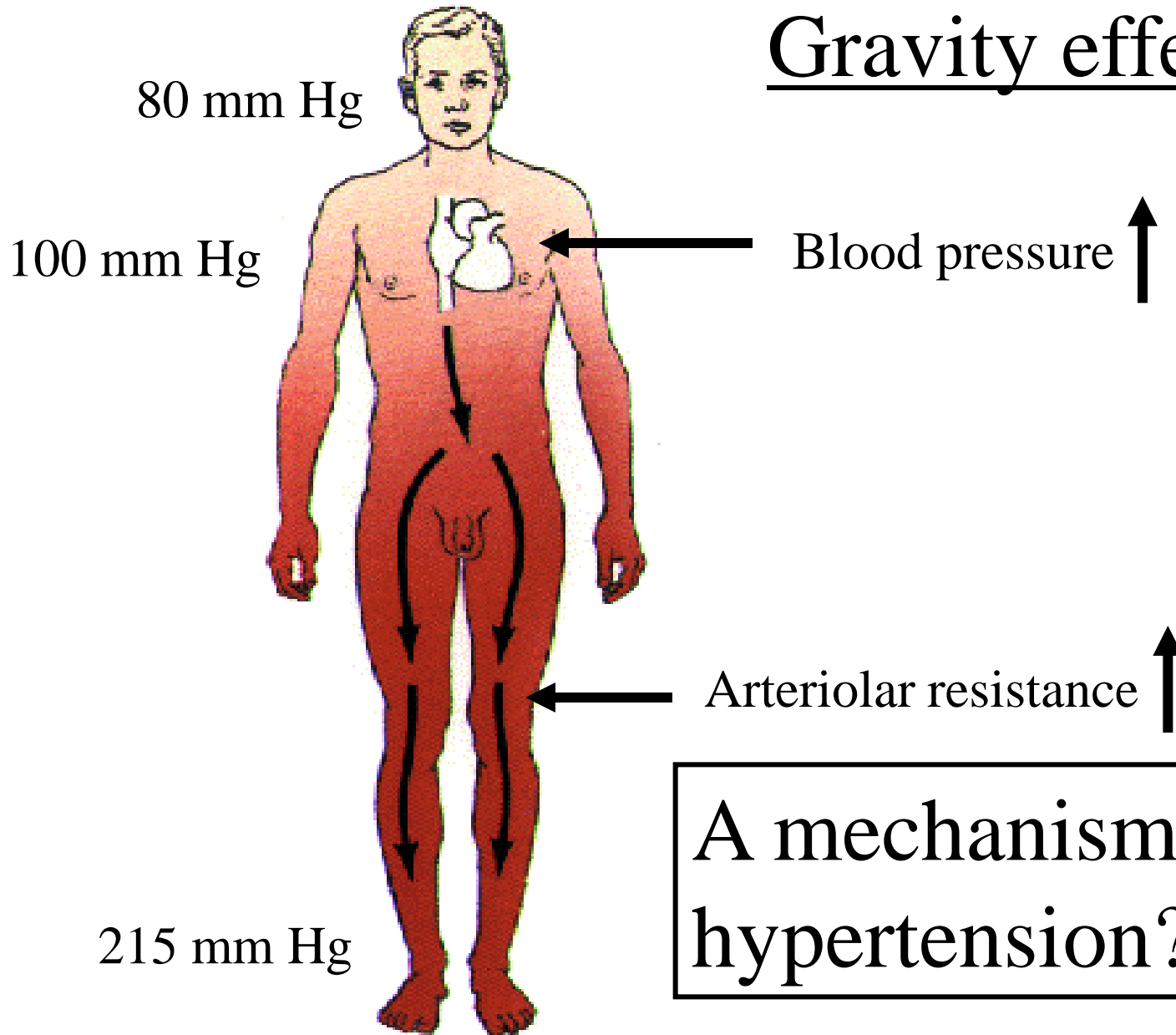
Hypothesis:



Gravity effects:



Gravity effects:



A mechanism for
hypertension???

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Astronauts

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